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SUBMISSION TO THE STANDING COMMITTEE ON THE LEGISLATIVE ASSEMBLY REGARDING BILL 41, *PATIENTS FIRST ACT, 2016.*

From Addictions and Mental Health Ontario

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Addictions and Mental Health Ontario (AMHO) welcomes the opportunity to comment on Bill 41, *Patients First Act, 2016*.

AMHO represents more than 220 organizations providing mental health and addictions care in Ontario. Our membership includes community-based agencies, hospitals, peer support organizations and provincial associations. AMHO is a comprehensive voice for community-based mental health and addiction service organizations in Ontario. We are an active part of Ontario's ongoing discussions for improving the mental health and addiction system and our CEO, Gail Czukar, is a member of the Mental Health and Addictions Leadership Advisory Council. The council was established by the government to assist in the implementation of *Open Minds, Healthy Minds*, the provincial mental health and addiction strategy.

AMHO supports person-centered care

As we indicated in our response to the Government's Patients First discussion paper earlier this year, AMHO embraces the challenge of crafting a person-centered, comprehensive system of health care services and supports. We endorse the discussion paper's assertion that we must strengthen mental health and addiction services. Our full response to the discussion paper is available at www.addictionsandmentalhealthontario.ca.

There are elements of Bill 41 which we believe will advance the government's goals of a better integrated health system that serves Ontarians more effectively, namely:

- The requirement to identify sub-LHIN planning units should support more effective planning and delivery across service systems and health care providers;
- The requirement for LHINs to have one or more Patient and Family Advisory Committees; such entities that are already embedded in some mental health and addictions service providers may serve as models for patient and family engagement;
- Finally, we also endorse the establishment of formal linkages between health care service systems and public health officials.

However, improving the integration of Ontario's health system does not address the capacity challenges in the mental health and addiction sector. It may make it more seamless for individuals to find where they can access care, which is important, but our members are currently facing operational pressures that compromise their ability to meet the demand for services. Most of our member agencies have faced flat-lined base budgets over the past 5 to 10 years. Without critical investments to increase capacity, Ontarians will continue to face lengthy wait times for mental health and addiction services.

Our recommendations

Our recommendations on Bill 41 are focused primarily on the proposed amendments to Section 21 of the Local Health System Integration Act.

Our concern is that the legislation would provide new authorities to LHINs without direction about how such authorities are to be used to support a stronger, more responsive and more accountable health service system.

Section 21.2 of Bill 41 gives each LHIN the authority to appoint a supervisor of a health service provider "when it considers it to be appropriate to do so in the public interest." Such a supervisor would – unless otherwise stipulated – have "the exclusive right to exercise all of the powers of the governing body of the provider and its directors, officers, members or shareholders." This authority does not require provincial approval, nor does it need to be justified by anything other than a LHIN's interpretation of "the public interest". This provision does not apply to hospitals; the appointment of a hospital supervisor cannot be made without the approval of Cabinet. It is not clear why the government would suggest different rules for different types of health service providers.

Complicating this issue is that a number of community mental health and addiction providers hold Multi-Service Contract Agreements (M-SAAs) with the LHINs, yet receive less than 100% of their funding from them – in many cases, much less than 100%. These organizations may receive their revenues from multiple sources, including other federal and/or provincial ministries, United Way, foundations, private client fees and charitable donations. Should the LHIN appoint a supervisor as indicated in the legislation, it could result in the LHIN controlling all organizational assets, programs and property, including those over which they do not have funding authority. The LHIN would have the authority to replace a community board and govern an organization in the interests of the one, minority funder. This could put non-LHIN funded programs, services and other source funding at risk.

AMHO recommends that the authority to appoint a supervisor be accompanied by guidelines or regulations for when such authority should be used. We specifically recommend:

- Amend Section 21.2 to stipulate that the appointment of a supervisor to a health service provider must require the approval of Cabinet.
- Amend Section 21.2 to require notice to the health service provider of the appointment of a supervisor. Currently this requirement applies only to the appointment of an investigator.
- Amend Section 21.2 to provide for a mechanism by which the health service provider may request a review or appeal of the appointment of a supervisor.

- Section 21.2 should allow for regulations or guidelines established by the Ministry of Health and Long-Term Care governing the appointment of a supervisor of health service providers that are funded by diverse sources. As an interim measure, the legislation should not give LHINs the authority to appoint a supervisor in cases where a minority of the organization's revenue is derived from the LHIN.
- Amend Section 21.2 to stipulate that voluntary integration may not proceed while a supervisor controls a health service provider. The Local Health System Integration Act provides very clear provisions governing integrations, and describes distinct processes for those integrations which are involuntary; an involuntary integration requires the approval of the Minister of Health and Long-Term Care, who is responsible to the Legislature to answer questions for these important decisions. The LHIN should not be able to circumvent such a process by appointing a supervisor, who could then provide notice to the LHIN that an integration is voluntary.

We support Section 10 of Bill 41, which gives the Minister of Health and Long-Term Care the authority to issue operational or policy directives to LHINs. AMHO believes that such an authority is a reasonable tool for the Government of Ontario to assert the provincial interest in a system of health services that is reasonably consistent and equitable across Ontario. We strongly suggest that this provision be deployed by the Minister of Health and Long-Term Care to provide LHINs, health service providers and the public with clear information about how the significant new authorities of LHINs are to be exercised.

The current criterion for the appointment of a supervisor – that it serve the public interest – is extremely broad. Such an unconstrained authority could potentially be used in dramatically different ways in each of Ontario's 14 LHIN areas, to create very different health systems. **AMHO would strongly urge the Government to delay proclamation of those parts of the legislation giving LHINs increased authorities until the Minister has provided guidance on how such authorities are be used.**

It is our understanding that under the Home Care and Community Services Act, 1994 (HCCSA), approved agencies must be not for profit organizations and that the proposed Patients First Act would not change that. We feel strongly that this requirement should not change today or in the future.

If you have any questions or comments on this submission we invite you to contact Addictions and Mental Health Ontario. If any of the members of Committee would like more information about how their constituents are served by local addictions and mental health services we would be pleased to provide further information.

Thank you for the opportunity to recommend amendments to Bill 41, *The Patients First Act, 2016*